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SERIAL NUMBER 10/729,507	FILING DATE 12/05/2003  RULE	CLASS 128	GROUP ART UNIT 3743	ATTORNEY DOCKET NO. 01190.173901US
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APPLICANTS

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\*\* CONTINUING DATA *Yes up* \*\*\*\*\*  
 This appln claims benefit of 60/432,913 12/12/2002

\*\* FOREIGN APPLICATIONS *NONE up* \*\*\*\*\*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 03/15/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 6	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> Met after Allowance	Verified and Acknowledged	Examiner's Signature <i>[Signature]</i>	Initials <i>[Initials]</i>	

ADDRESS

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TITLE

Portable hypoxic apparatus

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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☐ 1.18 Fees ( Issue )

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